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INFORMATION DISCLOSURE STATEMENT BY APPLICANT (Not for submission under 37 CFR 1.99)	Application Number		
	Filing Date		
	First Named Inventor	Iwao Fujisaki	
	Art Unit		
	Examiner Name		
	Attorney Docket Number		

U.S.PATENTS						
Examiner Initial*	Cite No	Patent Number	Kind Code ¹	Issue Date	Name of Patentee or Applicant of cited Document	Pages,Columns,Lines where Relevant Passages or Relevant Figures Appear
	1	6421602		2002-07-16	Motorola, Inc.	
	2	6553310		2003-04-22	Hewlett-Packard Company	
	3	6738711		2004-05-18	Mazda Motor Corporation	

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U.S.PATENT APPLICATION PUBLICATIONS						
Examiner Initial*	Cite No	Publication Number	Kind Code ¹	Publication Date	Name of Patentee or Applicant of cited Document	Pages,Columns,Lines where Relevant Passages or Relevant Figures Appear
	1	20020004701		2002-01-10	Nakano, Toshiaki	
	2	20020047787		2002-04-25	MIKKOLA, MARKUS et al	
	3	20020065604		2002-05-30	Sekiyama, Hiroaki	
	4	20030045996		2003-03-06	Yamazaki, Osamu et al	

ALL REFERENCES CONSIDERED EXCEPT WHERE LINED THROUGH. /D.N./

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5	20040204821		2004-10-14	Tu, Ihung S.	
6	20040204848		2004-10-14	Matsuo, Shigeru et al	

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FOREIGN PATENT DOCUMENTS

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	1							<input type="checkbox"/>

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EXAMINER SIGNATURE

Examiner Signature	/David Nguyen/	Date Considered	04/21/2009
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Attorney Docket Number

CERTIFICATION STATEMENT

Please see 37 CFR 1.97 and 1.98 to make the appropriate selection(s):

☐ That each item of information contained in the information disclosure statement was first cited in any communication from a foreign patent office in a counterpart foreign application not more than three months prior to the filing of the information disclosure statement.

OR

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☐ See attached certification statement.

☐ Fee set forth in 37 CFR 1.17 (p) has been submitted herewith.

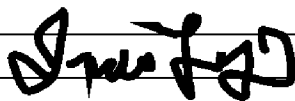
☐ None

SIGNATURE

A signature of the applicant or representative is required in accordance with CFR 1.33, 10.18. Please see CFR 1.4(d) for the form of the signature.

Signature

/Iwao Fujisaki/



Date (YYYY-MM-DD)

Name/Print

Iwao Fujisaki

Registration Number

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